

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90075 012 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N22709

1. Entity Name
PELICAN COVE CONDOMINIUM ASSOCIATION OF CRYSTAL

Principal Place of Business 10986 W COVE HARBOR DR BOX 4 C/O JAMES P. EYSTER CRYSTAL RIVER FL 34428 US	Mailing Address 10986 W COVE HARBOR DR C/O JAMES P. EYSTER CRYSTAL RIVER FL 34428-6220 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2956464	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LEANNE HADSELL, CITRUS MGMT SE
13 DOGWOOD DR
SUITE 14
HOMOSASSA FL 34446

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP	<input type="checkbox"/>
NAME	WIDAK, JOE	
STREET ADDRESS	11020 W COVE HARBOR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	DST	<input type="checkbox"/>
NAME	GRAY, ANNIE	
STREET ADDRESS	10934 W COVE HARBOR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	DPV	<input type="checkbox"/>
NAME	ALEXANDER, ED	
STREET ADDRESS	11036 W COVE HARBOR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input type="checkbox"/>
NAME	COTTRELL, SUSIE	
STREET ADDRESS	10922 W COVE HARBOR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	DVP	<input type="checkbox"/>
NAME	LOWN, DENNIS	
STREET ADDRESS	11056 W COVE HARBOR DR	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Secretary* 3/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)